

February 2011

How to make Billing Ortho Easy

Medical Assistance covers three types of orthodontic treatment for Severe Malocclusion or Cleft Palate child cases:

- Interceptive (one time treatment)
- Limited transitional (a one year treatment plan)
- Comprehensive full (a 24 to 30 month treatment plan)

Prior Authorization is required.



Note: For full coverage details and the prior authorization process review the orthodontic billing instructions located at
http://fortress.wa.gov/dshs/maa/download/BillingInstructions/Orthodontic_Services/Orthodontics_Services_BI.pdf web site.

Pre-Orthodontic Visit (Case Study) Requires prior authorization. First step in Orthodontic treatment prior to banding, billed for 1 unit.

Interceptive Orthodontic Treatment

Interceptive orthodontic treatment can be billed on the date the service is performed. This treatment is only covered once in a client's lifetime.

Limited Transitional Orthodontic Treatment

The chart will help setting up a **billing** plan for Limited transitional orthodontic treatment. Review the Orthodontic billing instructions for codes to use. Remember the client must be eligible to receive payment for any of the treatment dates of service. (Treatment must be completed within 12 months from banding.)

EXAMPLE A

Treatment done	Description	Billing Date ** (Example only)	Units
Limited treatment banding	Starts the billing process	01/15/2009	1 unit
First 3 month treatment period	6 months after banding	07/30/2009	1 unit
Second 3 month treatment period	9 months after banding	10/30/2009	1 unit
Third 3 month treatment period	12 months after banding	01/30/2010	1 unit
Treatment completed		Total	4 units

** If the billing date falls in February use the 28th

Print or copy the blank form and add your dates of service to complete the billing plan.

Treatment done	Description	Billing Date	Units
Limited treatment banding	Starts the billing process		1 unit
First 3 month treatment period	6 months after banding		1 unit
Second 3 month treatment period	9 months after banding		1 unit
Third 3 month treatment period	12 months after banding		1 unit
Treatment completed		Total	4 units



Note: When billing be sure to indicate the Banding date as the appliance placement date on your claim form.

Comprehensive Full Orthodontic Treatment

This chart will help setting up a **billing** plan for Comprehensive full orthodontic treatment. Review the Orthodontic billing instructions for codes to use. Remember the client must be eligible to receive payment for any of the treatment dates of service. (Treatment must be completed 30 months after banding.)

EXAMPLE B

Treatment done	Description	Billing Date** (Example only)	Units
Full Treatment Banding	Starts the billing process	01/15/2008	1 unit
First 3 month treatment period	9 months after banding	10/30/2008	1 unit
Second 3 month treatment period	12 months after banding	01/30/2009	1 unit
Third 3 month treatment period	15 months after banding	04/30/2009	1 unit
Fourth 3 month treatment period	18 months after banding	07/30/2009	1 unit
Fifth 3 month treatment period	21 months after banding	01/30/2010	1 unit
Sixth 3 month treatment period	24 months after banding	04/30/2010	1 unit
Seventh 3 month treatment period	27 months after banding	07/30/2010	1 unit
Eighth 3 month treatment period	30 months after banding		1 unit
Treatment completed		Total	9 units

** If the billing date falls in February use the 28th

Print or copy the blank form and add your dates of service to complete the **billing** plan.

Treatment done	Description	Billing Date	Units
Full Treatment Banding	Start billing process		1 unit
First 3 month treatment period	9 months after banding		1 unit
Second 3 month treatment period	12 months after banding		1 unit
Third 3 month treatment period	15 months after banding		1 unit
Fourth 3 month treatment period	18 months after banding		1 unit
Fifth 3 month treatment period	21 months after banding		1 unit
Sixth 3 month treatment period	24 months after banding		1 unit
Seventh 3 month treatment period	27 months after banding		1 unit
Eighth 3 month treatment period	30 months after banding		1 unit
Treatment completed		Total	9 units



Note: When billing be sure to indicate the Banding date as the appliance placement date on your claim form.



Note: These tables are only a guide to setup a **billing** plan for treatment periods. Actual treatment circumstances could alter the billing schedule.